P13000004397

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SEP 1 6 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOB	ILIARIA AND INVERSIONES J.J.D.B, CORP
DOCUMENT NUMBER: P13000	004397
The enclosed Articles of Amendment and	
Please return all correspondence concern	ing this matter to the following:
Amanda Ja	aramillo
7 Trianda de	Name of Contact Person
I A Accou	nting Services Inc
<u> </u>	Firm/ Company
8006 W El-	agler St # 219
0900 VV 1 18	Address
Miami, Fl 3	
iviiairii, Fi S	City/ State and Zip Code
•	City/ State and Zip Code
amandajara@	hotmail.com
E-mail addres	ss: (to be used for future annual report notification)
For further information concerning this m	natter, please call:
	at () Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following ame	ount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate	-
Mailing Address	Street Address
Amendment Section Division of Corporation	Amendment Section ns Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MOBILIARIA AND INVERSIONES J.J.D.B, CORP

(Name of Corporation as current	ly filed with the Flor	ida Dept. of State)	
13000004397			
(Document Number	er of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Float Articles of Incorporation:	orida Statutes, this Fla	orida Profit Corporation add	opts the following amend
.s Atticles of incorporation.			; .
. If amending name, enter the new name of th	e corporation:		
			The T
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Copord "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corporal	
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>	able: ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
If amending the registered agent and/or reg new registered agent and/or the new register		s in Florida, enter the nam	e of the
Name of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	nt. I am familiar wit		of the position.
Signature of	of New Registered Age	ent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or, Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>s</u>	Hernaudez	10916 NW 67 ST.
Add		HEIMUNGEZ	DORAL, FL 33178
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change			
Add			
Remove			
[]			
6) Change			,
Add			
Remove			

since is, if necessary).	<u>icles, enter change(s) here</u> : (Be specific)
•	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

date this document was signed.		, ii other than ti
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated Sep. 8	3, 2015	
Signature	Chuada Jonnielle	
(By selection)	a director, president or other officer if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	Amanda Jaramillo	
	(Typed or printed name of person signing)	_
	Р	
	(Title of person signing)	